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	to respond to a collection of information unless it displays a valid OMB control number.					
UTILITY	Attorney Docket No. 60,130-1226					
PATENT APPLICATION	First Inventor or Application Identifier Foster					
TRANSMITTAL	Title Vehicle With Large Planar Composite Panels					
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Express Mail Label No. EL860081683US					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application content	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231					
* Fee Transmittal Form (e.g., PTO/SB/17)	5. Microfiche Computer Program (Appendix)					
(Submit an original and a duplicate for fee processing) 2. Specification [Total Pages] 10	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)					
(preferred arrangement set forth below) - Descriptive title of the Invention	a. Computer Readable Copy					
- Cross References to Related Applications	b. Paper Copy (identical to computer copy)					
- Statement Regarding Fed sponsored R & D	c. Statement verifying identity of above copies					
- Reference to Microfiche Appendix						
Background of the Invention Brief Summary of the Invention	ACCOMPANYING APPLICATION PARTS					
- Brief Description of the Drawings (if filed)	7. Assignment Papers (cover sheet & document(s))					
- Detailed Description	8. 37 C.F R.§3.73(b) Statement Power of (when there is an assignee) Attorney					
- Claim(s)	9. English Translation Document (if applicable)					
- Abstracto ft he Disclosure	Information Disclosure Copies of IDS					
3. Prawing(s) (35 U.S.C. 113) [Total Sheets 5] 10. Statement (IDS)/PTO-1449 Citations						
4. Oath or Declaration [Total Pages 2	Peturn Receipt Postcard (MPEP 503)					
a. Newly executed (original or copy)	(Should be specifically itemized)					
b. Copy from a prior application (37 C.F.R. (for continuation/divisional with Box 16 complete	ed) Statement filed in prior application,					
i. <u>DELETION OF INVENTOR(S)</u> Signed statement attached delet	(PTO/SB/09-12) Status still proper and desired					
inventor(s) named in the prior appl	9 1141					
see 37 C.F.R.§ § 1.63(d)(2) and 1.33(b). 15. This application claims priority to						
*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT 16						
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §	<u></u>					
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: 09/579,714						
Prior application information: Examiner Patel, K. Group / Art Unit: 3612						
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by						
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
17. CORRESPONDENCE ADDRESS						
Customer Number or Bar Code Label or 🔽 Correspondence address below						
Castomer Namber of Bar Gode Laber	or Attach bar code label here)					
Kerrie A. Laba						
CARLSON, GASKEY & OLDS, P.C.						
400 West Maple Road, Suite 350						
Address						
City Birmingham St	ate MI Zip Code 48009					
Country USA Telephol	e (248) 988-8360 Fax (248) 988-8363					
Name (Pnnt/Type) Kerrie A. Laba	Registration No (Attorney/Agent) 42,777					
Signature // Signature	Date 10-24-01					
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Complete if Known			
Application Number	tba		
Filing Date	Herewith		
First Named Inventor	Foster		
Examiner Name	Unknown		
Group Art Unit	Unknown		
Attorney Docket No.			

METHOD OF PAYMENT	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES			
indicated fees and credit any overpayments to:	Large Small			
Deposit Account 50-1482	Entity Fee Fee Fee	Entity Fee Fee Description	Fee Paid	
Number	Fee Fee Fee Code (\$) Code		7001010	
Account Carlson, Gaskey & Olds	105 130 205	65 Surcharge - late filing fee or oath		
Name Charge Any Additional Fee Required	127 50 227	25 Surcharge - late provisional filing fee or cover sheet		
Unider 37 CFR 1.10 and 1.17	139 130 139	130 Non-English specification		
Applicant claims small entity status. See 37 CFR 1 27	147 2,520 147	2,520 For filing a request for ex parte reexamination		
2. X Payment Enclosed:	112 920* 112	920* Requesting publication of SIR prior to Examiner action		
Check Credit card Money Order Other	113 1,840* 113	1,840* Requesting publication of SIR after Examiner action		
FEE CALCULATION	115 110 215	55 Extension for reply within first month		
1. BASIC FILING FEE	116 400 216			
Large Entity Small Entity Fee Fee Fee Fee Description	117 920 217			
Code (\$) Code (\$)	118 1,440 218	720 Extension for reply within fourth month		
101 740 201 370 Utility filing fee 740.00	128 1,960 228	980 Extension for reply within fifth month		
106 330 206 165 Design filing fee	119 320 219	160 Notice of Appeal		
107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee	120 320 220	160 Filing a brief in support of an appeal		
	121 280 221	140 Request for oral hearing		
	138 1,510 138	1,510 Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 740.00	140 110 240	55 Petition to revive - unavoidable		
2. EXTRA CLAIM FEES Fee from	141 1,280 241			
Extra Claims below Fee Paic	142 1,280 242			
Total Claims 20 -20** = X = =		230 Design issue fee		
Independent Claims 2.00 - 3** = X = X	,,,	310 Plant issue fee		
Multiple Dependent		130 Petitions to the Commissioner		
	123 50 123			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126	180 Submission of Information Disclosure Stmt		
Code (\$) Code (\$)	581 40 581	40 Recording each patent assignment per property (times number of properties)		
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3	146 740 246			
104 280 204 140 Multiple dependent claim, if not paid	440 740 040	(37 CFR § 1.129(a)) 370 For each additional invention to be		
109 84 209 42 ** Reissue independent claims over original patent	149 740 249	For each additional invention to be examined (37 CFR § 1.129(b))		
110 18 210 9 ** Reissue claims in excess of 20	179 740 279	370 Request for Continued Examination (RCE)		
and over original patent	169 900 169	900 Request for expedited examination of a design application		
SUBTOTAL (2) (\$) 0.00	Other fee (specify			
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00				

CUDALITED BY			Complete (n	Complete (if applicable)	
SUBMITTED BY Name (PnntlType)	Kerrie A. Laba	Registration No. (Attorney/Agent) 42,777	Telephone	248 988-8360	
Signature	1-2/2/1	(Attorney/Agent)	Date	October 24, 2001	

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Laura Combs

EL8P0097P93N2

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I hereby certify that the enclosed Information Disclosure Statement is being deposited with the United States Postal Service as first-class mail, postage prepaid, in an envelope addressed to Assistant Commissioner of Patents and Trademarks, Washington, D.C. 20231, on this 24th day of October, 2001.

Laura Combs